



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH DBA INJURY 1 OF DALLAS
9330 LBJ FREEWAY SUITE 1000
DALLAS TEXAS 75243

Respondent Name

HARTFORD CASUALTY INSURANCE CO

Carrier's Austin Representative

Box Number 47

MFDR Tracking Number

M4-13-0005-01

MFDR Date Received

September 4, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The services were provided and the claim was paid incorrectly. CPT code 97530 was not paid and denied per EOB payment for this service is mutually exclusive to the payment for the primary service billed on the same day. CPT code 97530 was provided to decrease pain, increase flexibility and decrease stiffness. Because of these reasons, the service was medically necessary. Also, it is a separate procedure and is not global with any other code."

Amount in Dispute: \$54.94

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Please be advised that The Hartford upholds the decision to deny CPT 97530. . . Medicare allows reimbursement with modifier 59 when: 1) The two procedures are performed in distinctly different 15 minute intervals and/or; 2) Two or more procedures are performed at different anatomic sites. Documentation submitted with billing does not support that the procedures were performed in distinctly different 15 minute intervals."

Response Submitted by: The Hartford

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
July 6, 2012	97530-GO-59	\$54.94	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the fee guideline procedures for professional medical services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- W1 – Workers Compensation state fee schedule adjustment. Payment for this service is mutually exclusive to the payment for the primary service billed on the same day.

Issues

1. Did the requestor bill in conflict with the NCCI edits?
2. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code 134.203 (b)(1) states in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."
 - NCCI edits were performed to identify any edit conflicts and to determine correct reimbursement. The requestor billed the following CPT codes on July 6, 2012; 97110-GO-59, 97530-GO-59 and 97150-GO-59. The requestor disputes non-payment of CPT code 97530-GO-59.
 - Per CCI Guidelines, procedure code 97530 has a CCI conflict with procedure code 97140. The provider appended modifier -59 to CPT code 97530. The CPT Manual defines modifier -59 as follows: "Modifier -59: "Distinct Procedural Service: Under certain circumstances, the physician may need to indicate that a procedure or service was distinct or independent from other services performed on the same day. Modifier 59 is used to identify procedures/services that are not normally reported together, but are appropriate under the circumstances. This may represent a different session or patient encounter, different procedure or surgery, different site or organ system, separate incision/excision, separate lesion, or separate injury (or area of injury in extensive injuries)not ordinarily encountered or performed on the same day by the same physician. However, when another already established modifier is appropriate, it should be used rather than modifier 59. Only if no more descriptive modifier is available, and the use of modifier 59 best explains the circumstances, should modifier 59 be used."
 - The documentation submitted by the requestor "Occupational Therapy Progress Note" does not meet the documentation criteria for appending the -59 modifier, therefore reimbursement for CPT code 97530 cannot be recommended.
2. As a result, the requestor is not entitled to reimbursement for CPT code 97530-GO-59 rendered on July 6, 2012.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

_____	_____	September 26, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.